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Substitute for form	1449/PTO	Complete if Known				
		Application Number	Unknown			
INFORM	ATION DISCLOSURE	Filing Date	Herewith			
	ATION DISCLOSURE	First Named Inventor	ANCTIL, Albert R.			
STATEMENT BY APPLICÂNT (Use as many sheets as necessary)		Art Unit	Unknown			
		Examiner Name	Unknown			
eet 1	of 2	Attorney Docket Number	18005			

				DOCUMENTS	1 2 2 2 1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2
Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (# known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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STATEM	ENT BY APPLICANT	Art Unit	Unknown		
(Use as many sheets as necessary)		Examiner Name	Unknown .		
Sheet 2	of 2	Attorney Docket Number	18005		

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